

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
Fruit and Vegetable Division, PACA Branch

1-(800)-495-7222

APPLICATION FOR LICENSE

(Under the Perishable Agricultural Commodities Act, 1930)

NOTE: The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579) and the Paperwork Reduction Act of 1995. The information requested on this form is required under the Perishable Agricultural Commodities Act (7 CFR 46.4) for the issuance of a license. The information contained in this form will be used by the Federal, State, local, or foreign agencies when relevant to civil, criminal, or regulatory investigations or prosecutions. Failure to provide the information required will result in delay or suspension of the processing of this form. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding these burden estimates or any other aspects of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Avenue, S.W., Washington, DC 20250. When replying, refer to 0581-0031 and form number in your letter. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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ALL QUESTIONS MUST BE ANSWERED

AREA FOR USDA USE ONLY

1. NAME OF BUSINESS (If corporation, give corporate name):

2a. PHYSICAL BUSINESS ADDRESS (P.O. Box NOT ACCEPTABLE):

Number and Street (Mark an "X" here if same as home address): ☐

City, State, ZIP

Area Code and Telephone Number

2b. MAILING ADDRESS (Mark an "X" here if same as business address): ☐

Number and Street (P.O. Box Number)

City, State, ZIP

3. LIST ANY ADDITIONAL TRADE NAME(S) OR d/b/a(s) (Mark an "X" here if no trade name): ☐

4a. TOTAL NUMBER OF BRANCHES WHERE YOU HANDLE FRUITS AND VEGETABLES (Other than main/corporate office)
(Mark an "X" here if no branch locations) ☐

4b. LIST THOSE BRANCH LOCATIONS BY TRADE NAME WHERE YOU HANDLE FRUITS AND VEGETABLES (Use area on page 4 for additional space)

TRADE NAME	CITY	STATE

5. TYPE OF FRUITS AND VEGETABLES HANDLED BY APPLICANT
(Mark an "X" in one box):

☐ 1 - FRESH

☐ 2 - FROZEN

☐ 3 - FRESH AND FROZEN

6a. TYPE OF BUSINESS

(Mark an "X" in one box)

☐ I - Individually
Owned

☐ C - Corporation

☐ A - Association

☐ T - Trust

☐ L - Limited
Partnership

☐ E - Estate

☐ P - Partnership

☐ M - Limited Liability Company (LLC)

6b. IF A CORPORATION OR LIMITED LIABILITY COMPANY, LIST STATE IN WHICH
INCORPORATED OR ORGANIZED:
LIST EXACT DATE INCORPORATED OR ORGANIZED:

STATE

MONTH

DAY

YEAR

7. NATURE OF BUSINESS (Mark an "X" in ONLY ONE BOX)

☐ 4 - Wholesaler

☐ 5 - Commission Merchant/Growers' Agent

☐ 6 - Broker

☐ 7 - Retailer

☐ 8 - Processor

☐ 9 - Trucke

☐ 0 - Food Service

☐ G - Grocery Wholesaler

8. LIST BELOW THE LEGAL NAMES, ALL OTHER NAMES USED, IF ANY, AND FULL HOME ADDRESSES OF INDIVIDUAL OWNER, ALL PARTNERS, MEMBERS, OFFICERS, DIRECTORS (INCLUDE TITLES) AND STOCKHOLDERS HOLDING MORE THAN 10 PERCENT OF OUTSTANDING VOTING STOCK. GIVE THE PERCENTAGE OF STOCK HELD BY EACH. IF ANY PERSON LISTED IS A MINOR, FURNISH THE NAME OF HIS/HER GUARDIAN; IF ANY PERSON LISTED IS A TRUST, FURNISH THE NAME OF THE TRUSTEE; IF ANY PERSON LISTED IS AN ESTATE, FURNISH THE NAME OF THE EXECUTOR/EXECUTRIX.

area on pag 4 for additional space)

LAST NAME (Printed on first line) FIRST NAME and MIDDLE INITIAL (Printed on second line) (If no middle initial, mark an "X" in the "NMI" box)	NMI	SOCIAL SECURITY NUMBER	HOME ADDRESS (P. O. Box NOT ACCEPTABLE First Line - Number and Street Second Line - City, State, and ZIP	TITLE (If a Director, mark "X" in the "DIR" ox)	DIR	PERCENTAGE OF STOCK
						%
						%
						%
						%
						%
						%
						%
						%
						%

9. HAS THE APPLICANT OR ANY PERSON LISTED IN QUESTION 8:

☐ YES

☐ NO

a. Filed bankruptcy, been discharged as a bankrupt, or been an officer, director, shareholder, partner, or owner of a firm that has filed bankruptcy or been discharged as a bankrupt?

If the answer is "YES," identify the firm or individual IPACA license number, if possible), the name and address of the firm involved, and details about the bankruptcy and submit a copy of the bankruptcy petition, schedules, disclosure statements, and all other relevant documentation. (Use area on page 4 for additional space)

☐ YES

☐ NO

b. Been convicted of a felony in any State or Federal Court?

If the answer is "YES," furnish the name and date of birth, and alias, of the individual(s), if any FOR ALL CONVICTIONS, provide the name and location of the court, date convicted, nature of the felony, sentence imposed, where served; if paroled, give date terminated or will terminate. (Use area on page 4 for additional space)

10. HAS ANY PERSON CURRENTLY EMPLOYED BY APPLICANT BEEN THE INDIVIDUAL OWNER, PARTNER, OFFICER, DIRECTOR, OR HOLDER OF MORE THAN 10 PERCENT OF THE OUTSTANDING VOTING STOCK OF A FIRM, ASSOCIATION, OR CORPORATION:

☐ YES

☐ NO

a. Whose license is under suspension or been revoked?

☐ YES

☐ NO

b. Who has been found to have committed any flagrant or repeated violation of the PACA?

☐ YES

☐ NO

c. Against whom there is an unpaid reparation award?

If the answer is "YES," furnish the full name of the person, name of the firm involved IPACA license number, if possible), and details of such connection, including the dates thereof. (Use area on page 4 for additional space)

11. DO THE BUSINESS OPERATIONS OF APPLICANT SUCCEED THOSE OF ANOTHER FIRM?

☐ YES

☐ NO

If the answer is "YES," give name, address, and the PACA license number of the firm that applicant is succeeding, and details (Use area on page 4 for additional space)

12. IF APPLICANT HAS CONDUCTED BUSINESS PRIOR TO FILING THIS APPLICATION, EXPLAIN THE REASON WHY (Use *area on page 4 for additional space*):

13. GIVE THE DATE THAT APPLICANT FIRST BEGAN CONDUCTING BUSINESS SUBJECT TO A PACA LICENSE:

MONTH	DAY	YEAR
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Mark an "X" here if applicant is not yet operating subject: ☐

1. DEALER - Purchases or sales exceed 2,000 lbs. in any given day; or
2. GROCERY WHOLESALER - Purchases or sales exceed 2,000 lbs. in any given day and is primarily engaged in the full-line wholesale distribution of grocery and related nonfood items to retailers.
3. RETAILER - Invoice cost of fresh and frozen fruit and vegetable purchases exceed \$230,000 in a calendar year; or
4. COMMISSION MERCHANT - Transactions involving fruits and vegetables are subject on the first transaction.
5. BROKER - Transactions involving fresh fruits and vegetables are subject on the first negotiated transaction.
 - Transactions involving only frozen fruits and vegetables are subject when the invoice value negotiated exceeds \$230,000 in any calendar year.

NOTE: The \$230,000 exemption does not apply to frozen food brokers representing the buyer, or brokers of fresh fruits and vegetables.

Any questions regarding this application? Call 1-(800)-495-7222

FROM THE DATE STATED IN NUMBER 13, CALCULATE THE AMOUNT OF LICENSE FEES DUE

LICENSE FEE STRUCTURE FOR ALL APPLICANTS EXCEPT RETAILERS AND GROCERY WHOLESALERS	LICENSE FEE STRUCTURE FOR RETAILERS AND GROCERY WHOLESALERS
Annual Basic License Fee \$ 550.00	Annual Basic License Fee \$ 300.00
Branch Fee: \$200 for each branch over 9 (Maximum Branch Fee \$3,450)..... \$ _____	Branch Fee: \$150 for each branch over 9 (Maximum Branch Fee \$2,700)..... \$ _____
Accrued Fees for Previous Operations (No more than 2 years) December 1, 1995 to Present	Accrued Fees for Previous Operations (No more than 2 years) December 1, 1996 to Present
Annual Fee - \$45.83 per month \$ _____	Annual Fee - \$25.00 per month \$ _____
Branch Fee - \$16.67 per month for each branch over 9 (maximum monthly fee \$287.50)....\$ _____	Branch Fee - \$12.50 per month for each branch over 9 (maximum monthly fee \$225)..... \$ _____
Operations Prior to December 1, 1995	Operations Prior to December 1, 1996
Annual Fee - \$33.33 per month \$ _____	Annual Fee - \$33.33 per month \$ _____
Branch Fee - \$16.67 per month for each branch over 9 (maximum monthly fee \$300).....\$ _____	Branch Fee - \$16.67 per month for each branch over 9 (maximum monthly fee \$300)..... \$ _____
TOTAL CURRENT AND ACCRUED FEES \$ _____	TOTAL CURRENT AND ACCRUED FEES \$ _____
APPLICATION MUST BE SIGNED BY THE OWNER, ALL PARTNERS, ALL GENERAL PARTNERS, THE TRUSTEE, EXECUTOR/EXECUTRIX, A MEMBER, OR A CORPORATE OFFICER.	

MAKE CHECKS PAYABLE TO "USDA-AMS"

RETURN APPLICATION AND FEES TO:

**U.S. Department of Agriculture
Agricultural Marketing Service
Fruit and Vegetable Division, PACA Branch**

NAME(S) OF INDIVIDUAL (S) SIGNING BELOW MUST BE INCLUDED IN APPLICANT'S ANSWER TO QUESTION B

CERTIFICATION STATEMENT

I (We) certify that the answers given to the foregoing questions are true to the best of my (our) knowledge. Applicant agrees not to loan or transfer possession of the license certificate to any person or firm whatsoever.

SIGNATURES:	DATE

THE SUBMISSION OF AN APPLICATION AND THE PRESCRIBED LICENSE FEES DOES NOT AUTHORIZE THE APPLICANT TO ENGAGE IN BUSINESS SUBJECT TO THE PACA UNTIL SUCH TIME THAT A LICENSE IS ISSUED.

REGULATIONS FOR ADMINISTERING THE PACA PROVIDE THAT LICENSEES PROMPTLY NOTIFY THE DIRECTOR, FRUIT AND VEGETABLE DIVISION, OF ANY CHANGE OF ADDRESS OR ANY CHANGE OF OWNERSHIP, PARTNERSHIP, OFFICERS, DIRECTORS, MEMBERS, HOLDERS OF MORE THAN 10 PERCENT OF THE OUTSTANDING VOTING STOCK, OR NAME IN WHICH BUSINESS IS CONDUCTED.

USE THIS AREA FOR DETAILED EXPLANATIONS AND CONTINUATION OF QUESTIONS ON PAGES 1 THROUGH 3.